

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002937

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** EXPANDING MINDS, INC.

**Current Principal Place of Business:**

2591 WEST BEAVER STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40552  
JACKSONVILLE, FL 322030552

**New Mailing Address:**

**FEI Number:** 59-3675648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, MICHAEL  
11792 PAINTED DESERT WAY  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WHITE, MICHAEL  
**Address:** 11792 PAINTED DESERT WAY  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** T  
**Name:** WHITE, ANTOINE  
**Address:** 11792 PAINTED DESERT WAY  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** S  
**Name:** WHITE, DEON  
**Address:** 11792 PAINTED DESERT WAY  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** CHAP  
**Name:** MATTHEWS, CAMERON  
**Address:** 9447 JONES ST  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** T  
**Name:** RHODES, SARAH  
**Address:** 1152 BERTHA STREET  
**City-St-Zip:** JACKSONVILLE, FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL WHITE

D

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date